

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/939917
APPLICANT(S)

FILING DATE

12/14/96

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/		
2			/	
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TOTAL IND.		2		
TOTAL DEP.		15		
TOTAL CLAIMS		17		

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TOTAL IND.		2	
TOTAL DEP.		15	
TOTAL CLAIMS		17	